EASTVIEW MED AND REHAB CENTER

729 PARK ST

ANTIGO 54409 Phone: (715) 623-2356		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	165	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	168	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	157	Average Daily Census:	159

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44.6
Supp. Home Care-Personal Care	No					1 - 4 Years	39.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.4	More Than 4 Years	15.9
Day Services	No	Mental Illness (Org./Psy)	4.5	65 - 74	5.1		
Respite Care	Yes	Mental Illness (Other)	0.6	75 - 84	28.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.9			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	13.4	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	14.6	65 & Over	93.6		
Transportation	No	Cerebrovascular	13.4			RNs	8.6
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	6.4
Other Services	Yes	Respiratory	2.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	49.0	Male	18.5	Aides, & Orderlies	38.3
Mentally Ill	No			Female	81.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No			ĺ	100.0		
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## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		Ī	Private Pay	2		amily Care			Managed Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	5	20.0	328	 5	4.1	135	0	0.0	0	1	11.1	196	0	0.0	0	2	100.0	575	13	8.3
Skilled Care	20	80.0	331	114	94.2	116	0	0.0	0	8	88.9	181	0	0.0	0	0	0.0	0	142	90.4
Intermediate				2	1.7	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	25	100.0		121	100.0		0	0.0		9	100.0		0	0.0		2	100.0		157	100.0

EASTVIEW MED AND REHAB CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	13.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.1	Bathing	2.5		69.4	28.0	157
Other Nursing Homes	2.2	Dressing	12.1		68.2	19.7	157
Acute Care Hospitals	78.9	Transferring	19.1		58.0	22.9	157
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.6		52.2	33.1	157
Rehabilitation Hospitals	0.0	Eating	64.3		24.8	10.8	157
Other Locations	1.5	*******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	270	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.1	Receiving Resp	iratory Care	26.8
Private Home/No Home Health	35.1	Occ/Freq. Incontiner	nt of Bladder	62.4	Receiving Trac	heostomy Care	0.6
Private Home/With Home Health	14.5	Occ/Freq. Incontiner	nt of Bowel	45.9	Receiving Suct	ioning	0.6
Other Nursing Homes	2.2	İ			Receiving Osto	my Care	5.7
Acute Care Hospitals	17.8	Mobility			Receiving Tube	Feeding	4.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.6	Receiving Mech	anically Altered Diets	49.0
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	2.9	Skin Care			Other Resident C	haracteristics	
Deaths	27.5	With Pressure Sores		3.8	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		35.0	Medications		
(Including Deaths)	276	İ			Receiving Psyc	hoactive Drugs	59.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	81.9	1.16	86.1	1.10	85.9	1.10	88.8	1.07
Current Residents from In-County	88.5	72.8	1.22	80.1	1.11	75.1	1.18	77.4	1.14
Admissions from In-County, Still Residing	23.0	18.7	1.23	19.9	1.15	20.5	1.12	19.4	1.18
Admissions/Average Daily Census	169.8	151.4	1.12	143.3	1.19	132.0	1.29	146.5	1.16
Discharges/Average Daily Census	173.6	151.2	1.15	144.8	1.20	131.4	1.32	148.0	1.17
Discharges To Private Residence/Average Daily Census	86.2	74.0	1.16	69.4	1.24	61.0	1.41	66.9	1.29
Residents Receiving Skilled Care	98.7	95.3	1.04	95.9	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	93.6	94.3	0.99	93.5	1.00	93.2	1.00	87.9	1.07
Title 19 (Medicaid) Funded Residents	77.1	71.9	1.07	71.5	1.08	70.0	1.10	66.1	1.17
Private Pay Funded Residents	5.7	16.7	0.34	16.3	0.35	18.5	0.31	20.6	0.28
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	5.1	29.5	0.17	32.1	0.16	36.6	0.14	33.6	0.15
General Medical Service Residents	49.0	23.5	2.09	21.4	2.29	19.7	2.49	21.1	2.33
Impaired ADL (Mean)	50.4	46.4	1.09	48.7	1.04	47.6	1.06	49.4	1.02
Psychological Problems	59.9	54.5	1.10	55.2	1.08	57.1	1.05	57.7	1.04
Nursing Care Required (Mean)	15.8	7.4	2.14	7.9	2.00	7.3	2.15	7.4	2.12